

CONTRACT FOR CARRIAGE / DISPATCH NOTE

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DSV Road (Pty) Ltd
 t/a DSV Distribution
 PO Box 63, The Reeds 0061
 Tel (012) 673-2000
 Reg. No. 2000/016342/07
 VAT. No. 4880189685



SUBBD26769002

Sender's Details		Consignee's Details. Full Street Address Please				Mark Service Required	
Company Name: Le Creuset		Company Name: LE CREUSET PAVILION				<input type="checkbox"/> Same Day	
Street Address: 90 William Cambell drive, sh		Street Address: JACK MAARTENS DRIVE				<input type="checkbox"/> Express	
La Lucia		PAVILION SHOPPING CENTRE				<input type="checkbox"/> With Sunrise Option	
Umhlanga		WESTVILLE				<input type="checkbox"/> With Saturday Service	
Suburb:		Suburb:				<input type="checkbox"/> Public Holiday Service	
City/Town: DUR Postal Code: 4000		City/Town: DURBAN Postal Code:				<input checked="" type="checkbox"/> Economy	
Contact: Bill McIntosh/Marion		Contact: ANSHA				<input type="checkbox"/> After Hours	
Phone: 0315725045		Phone:				BLNS Customs Tariff	
Destination Country: South Africa		Lesotho, Namibia, Swaziland, Other (Please Specify)				<input type="checkbox"/>	
Sender's Reference: UTI 4305938		Analysis Code:				<input type="checkbox"/> 1. ONLINE	
SPECIAL INSTRUCTIONS						<input type="checkbox"/> 3. EFT	
4726490							
Bill Charges To Account No. 027766		Bill To: <input type="checkbox"/> Sender <input type="checkbox"/> Consignee <input type="checkbox"/> Other (Name Please) <input type="checkbox"/>					
IF THIS SHIPMENT CONTAINS ANY DANGEROUS GOODS ALL REGULATIONS MUST BE COMPLIED WITH. THIS IS YOUR RESPONSIBILITY AS SHIPPER (SEE CLAUSE 14.14 OVERLEAF). GOODS ARE SHIPPED AT OWNERS RISK SUBJECT TO CONTRACT FOR CARRIAGE OVERLEAF. DSV DISTRIBUTION LIMITS ITS LIABILITY TO R 250.00 PER SHIPMENT. (SEE CLAUSE 14.5 OVERLEAF). IF YOU WISH DSV DISTRIBUTION TO ACCEPT A HIGHER LIABILITY, THE VALUE OF THIS SHIPMENT MUST BE DECLARED IN THE SPACE PROVIDED. (SEE CLAUSE 14.5, 14.6 AND 14.7 OVERLEAF).		If Consignee Or Other (Third Party) Is Billed, Sender Remains Liable For Unpaid Charges.					
		SENDER'S AUTHORIZED SIGNATURE				DATE 18/09/2018	
e-mail / Fax / Proof of Delivery <input type="checkbox"/>		e-mail Address / Fax Number				Total Mass (Kg)	
Total Parcels		NO. OF PARCELS PER DIMENSIONS		LENGTH (CM)		WIDTH (CM)	
HEIGHT (CM)							
1		BOX					
Goods received in full without damage (unless endorsed)		Received By DSV					
Name Of Receiver (PLEASE PRINT CLEARLY)		Name Of Courier (PLEASE PRINT CLEARLY)					
Kwany		Gerald					
Date Received: 200918		Date Received: 190918					
Time Received: 1213		Time Received: 1430					
Signature: K.C. ZMC		Signature: [Signature]					

POD COPY

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